

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

10/529063

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
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31	1		1			
32		1		1		
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34	1		1			
35	1		1			
36	1		1			
37	1		1			
38		4		1		
39		3		1		
40	1		1			
41		1		1		
42		1		1		
43		3		1		
44		2				
45		2				
46		2				
47		3				
48		1				
49		5				
50		3				
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	30	←		←
TOTAL CLAIMS			31			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						